

03/30/00
JC781 U.S. PTO

03-31-00

Date of Deposit March 30, 2000

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 358594-00010-2

First Inventor or Application Identifier Pankaj Modi

Title Method for Administering Insulin to the

Express Mail Label No. EJ924755102US

09/538829
03/30/00

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Specification [Total Pages 52]
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 113) [Total Sheets]

4. Oath or Declaration [Total Pages 2]

- Newly executed (original or copy)
- Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

Assistant Commissioner for Patents
ADDRESS TO: Box Patent Application
Washington, DC 20231

5. Microfiche Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- Computer Readable Copy
- Paper Copy (identical to computer copy)
- Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))

8. 37 C.F.R. § 3.73(b) Statement Power of
(when there is an assignee) Attorney

9. English Translation Document (if applicable)

10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS
Citations

11. Preliminary Amendment

12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

13. Small Entity Statement(s) Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired

14. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

15. Other:

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part(CIP) of prior application No: 09,216,733**

Prior application information: Examiner Todd D. Ware Group / Art Unit: 1615

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name	Diane R. Meyers				
Address	Eckert Seamans Cherin & Mellott, LLC 600 Grant Street, 44th Floor				
City	Pittsburgh	State	PA	Zip Code	15219
Country	US	Telephone	412/566-2036		Fax 412/566-6099

Name (Print/Type)	Diane R. Meyers	Registration No. (Attorney/Agent)	38,968
Signature			Date March 30, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

*Buccal Region

**which is a CIP of 09/021,114

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERNDocket Number (Optional)
358594-00010-2

Pankaj Modi

Applicant, Patentee, or Identifier: _____

Application or Patent No.: _____

Filed or Issued: _____

Title: Method for Administering Insulin to the Buccal Region

I hereby state that I am

the owner of the small business concern identified below:
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN Generex Biotechnology CorporationADDRESS OF SMALL BUSINESS CONCERN 33 Harbour Square, Suite 202
Toronto, Ontario Canada M5J 2G2

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

the specification filed herewith with title as listed above.
 the application identified above.
 the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization having any rights in the invention is listed below:

no such person, concern, or organization exists.
 each such person, concern, or organization is listed below.

Separate statements are required from each named person/concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING Anna GluskinTITLE OF PERSON IF OTHER THAN OWNER PresidentADDRESS OF PERSON SIGNING 33 Harbour Square, Suite 202, Toronto, Ontario
Canada M5J 2G2SIGNATURE [Signature] DATE March 30, 2000

Date of Deposit March 30, 2000

Express Mail No. EJ924755102US

PTO/SB/17 (12/99)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.
 Small Entity payments must be supported by a small entity statement,
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
 See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 345.00)

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	Pankaj Modi
Examiner Name	
Group / Art Unit	
Attorney Docket No.	358594-00010-2

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 02-2556

Deposit Account Name Eckert Seamans

Charge Any Additional Fee Required
 Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

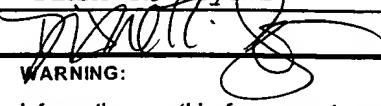
FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	249	345	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____					
Other fee (specify) _____					
SUBTOTAL (1) (\$ 345.00)				SUBTOTAL (3) (\$ 0)	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Diane R. Meyers	Registration No. (Attorney/Agent)	38,968	Telephone	412/566-2036
Signature			Date	March 30, 2000	

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.